

Workplace Hazards and Solutions Worksheet

Date:

Company:

Work area:

Evaluator:

Hazard Source (Object, Activity, or Location) _____

Hazards (How can someone get hurt?)



- ☐ Caught in or between (machinery, soil, etc.)
- ☐ Chemical or substance (blood, dust, etc.)
- ☐ Electrical
- ☐ Falls (from elevation or at same level)

- ☐ Fire or explosion
- ☐ Hit by or against (vehicle, debris, etc.)
- ☐ Hot environment or surface
- ☐ Noise

- ☐ Slip or Trip
- ☐ Sprain or Strain (lifting, etc.)
- ☐ Other _____
- ☐ Other _____

Describe each hazard:

Hazard **Solutions** (What can change to make it safer?)



- ☐ Change what's used (safer chemical, material, or equipment, etc.)

- ☐ Change how work's done (safer method or tool, etc.)

- ☐ Change something about the location (improve ventilation, limit access, etc.)

Describe the changes (hazard solutions) for each hazard:

Personal Protective Equipment (PPE)

- ☐ Eye
- ☐ Face
- ☐ Fall Protection
- ☐ Foot
- ☐ Hands
- ☐ Head
- ☐ Hearing
- ☐ Torso
- ☐ Respirator
- ☐ Other _____

Describe PPE:

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